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APPOINTMENTS for MON 10/11/99 TEMPLATE (6/22/98)

TIME UNIT NO PATIENT VITED: 9/17/99

JEFFRIES, ERIC (M) 38 YRS 5/15/61 UN:189093W-S

DOS: 9/2/99

ACCT # 188803

OFFICE CHART 10

REED, ROBERT L, MD

OUTPATIENT VISIT : WELLINGTON

9/2/99

----- DIAGNOSES/PROBLEMS -----

MAJOR

PARESTHESIAS

Mr. Jeffries is here for a spinal fluid examination. After a long discussion patient decided he preferred to proceed. His main symptoms have been weakness, fatigue and headaches.

MINOR

HEADACHE

----- PHYSICAL EXAM -----

FUNDI

No papilledema.

MUSCLE STRENGTH

Normal.

REFLEXES

Symmetrical.

----- PROCEDURES -----

LUMBAR PUNCTURE

Patient received 1 cc of Xylocaine. After this, the LP needle was inserted under the skin and the patient decided he would abort the study.

----- THERAPIES -----

PLAN OF ACTION

Patient will return to discuss with Dr. McClellan.

----- ADMINISTRATIVE DATA -----

TRANSCRIPTION DATE

09/16/99

TRANSCRIPTIONIST

PEG

*** END OF REPORT ***

RIVERHILLS HEALTHCARE, INC.

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ENCOUNTER REPORT

JEFFRIES, ERIC (M) 38 YRS 5/15/61 UN:189093W-3

ACCT # 188803

REED, ROBERT L, MD

OUTPATIENT VISIT : WELLINGTON

9/22/98 OFFICE CONSULT COMP MODERATE COMPLEX 99244

PRINTED: 9/15/99

DOS: 9/22/98

OFFICE CHART 10

DIAGNOSES/PROBLEMS

MAJOR

WEAKNESS

Mr. Jeffries states that he had hepatitis A & B vaccination one year ago. Shortly thereafter, he began having night sweats, headaches, joint pain, numbness in his arms and legs, right greater than left. His symptoms tended to ease only to return intermittently. "When I get a cold, my body shuts down." Patient states that at times he is so weak he cannot walk. His motor skills are markedly impaired. He states his liver has been swollen. His bilirubin has been elevated. He has pain on deep breathing. He does not have a rash. He is not sensitive to temperature changes. He has had no loss of bowel or bladder control.

HEALTH REVIEW

ALCOHOL USE

NEGATIVE

PERSONAL HISTORY OF TOBACCO USE

NEGATIVE

FAMILY HISTORY

Mother has low blood pressure and headache. Parents are living.

SYSTEM REVIEW

Headaches without nausea or vomiting. Tingling occasionally. Weakness generally. Coordination has been normal. States he had painful, tingling hands. Bowel and bladder function have been normal. Sleeping is not interrupted. Feels his memory is impaired. His weight has not changed. Appetite has not changed.

PHYSICAL EXAM

BLOOD PRESSURE 112/80

HEIGHT 76

ACTUAL WEIGHT LB 260

NECK

There are no bruits. Neck is supple.

ABDOMEN

Slight tenderness right upper quadrant.

CRANIAL NERVE EXAMINATION

Fields are normal to confrontation. There is no papilledema. Extraocular movements are intact without nystagmus. Pupils measure 4/4 mm. Speech is normal. Swallowing is normal.

MUSCLE STRENGTH

Deltoid 5/5, iliopsoas 5/5, anterior tibial 5/5.

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ENCOUNTER REPORT

JEFFRIES, ERIC (M) 38 YRS (5/15/61) UN:189093W-3

PRINTED: 9/15/99

DOS: 9/22/98

--PHYSICAL EXAM--

REFLEXES

Biceps 0/0, triceps 0/0, knee jerk 0/0. Epigastric reflexes are present. Quadriceps 0/0, gastroc soleus 0/0. Babinski's sign is not present.

SENSORY EXAM

Normal joint position, pin, temperature, and touch of the lower extremities. Trace figures perceived in both upper extremities.

COORDINATION EXAM

Normal finger-nose-finger testing.

GAIT

Patient walks on heels and toes. Tandem walking is normal.

He can balance on either foot.

CEREBRAL DOMINANCE RIGHT HANDED

TREMOR EXAM

NONE PRESENT

----- THERAPIES -----

PLAN OF ACTION

Strongly recommended patient have complete immunological evaluation, likely at the University of Cincinnati. Objective findings are not significant and a complete work-up at this point from a neurologic standpoint is not likely to be fruitful.

----- ADMINISTRATIVE DATA -----

REVIEWED AND SIGNED BY REED, ROBERT L, MD

OCCUPATION

BROKER

ENCOUNTER REVIEW DATE 10/15/98

COPY

DR. NUNLIST-YOUNG

TRANSCRIPTION DATE

9/29/98

TRANSCRIPTIONIST

RJC

*** END OF REPORT ***